



City of Riverside, California
Human Resources Policy and Procedure Manual

Approved:

Human Resources Director

City Manager

Number: V-7 Effective Date:

SUBJECT: UNPAID **VOLUNTARY FURLOUGH POLICY**

PURPOSE:

To establish guidelines for temporary **voluntary** furloughs for all eligible benefited City employees in granting and taking of voluntary furloughs.

POLICY:

In the event the City Manager determines that cost savings measures should be taken due to adverse economic conditions or financial constraints, which includes the reduction of personnel costs, the City may implement a "Voluntary Furlough Without Pay Plan." Furlough leave may be taken consecutively or intermittently. The following policies shall apply to the "Voluntary Furlough Without Pay Plan":

Eligibility

1. All full and part-time, benefited employees are eligible to participate (seasonal and temporary employees are not eligible).
2. Employees with accrued vacation in excess of the maximum time allowed or with compensatory time in excess of 42 hours may not participate until they are in compliance with the maximum hours allowed.
3. Fair Labor Standards Act (FLSA) exempt employees will lose their FLSA exemption status during the workweek(s) in which the furlough occurs and pay is reduced. These employees must adjust their workweek to avoid overtime compensation.
4. Taking unpaid furlough should not result in the need for any other employee to work overtime.
5. An employee may take a maximum of three (3) months of voluntary furlough during a calendar year of voluntary furlough at any one time during the duration of the established furlough plan. Furloughs in excess of 30 calendar days must be approved by the City Manager or designee.

Compensation and Benefits

1. No form of salary compensation will be paid while on voluntary furlough (i.e., vacation, paid sick leave, compensatory time, administrative leave). Holidays shall be paid as usual based on the employee's status (full-time, half-time, 3/4 time). Taking a furlough day before or after a holiday will not exclude an employee from receiving holiday pay.
2. The City shall continue to pay the City's portion of all existing benefits (i.e., Health & DentalLife Insurance). Employees eligible for a city deferred compensation contribution must contribute the minimum employee contribution to receive the city contribution. The City will continue to make pro-rata CalPERS contributions (Employer and Employee) on behalf of the employee as long as there are reportable earnings. Based on CalPERS rules, employees will earn one (1) year of service credit for every ten (10) months worked in a fiscal year on a full-time basis (1,720 hours).
3. All deductions previously paid by the employee shall continue to be deducted from the employee's paycheck when a paycheck has been issued with sufficient funds. In the event there are insufficient earnings, it shall be the employee's responsibility to make arrangements to pay their portion of benefits or other mandatory payroll deductions to ensure the continuation of such benefits. This includes, but is not limited to health, dental, long-term disability (LTD), critical illness insurance, additional life insurance, deferred comp loans, legal insurance, and court ordered payments. Failure to make the employee portion of the benefit payments may result in disruption of benefits. Employees participating in benefits with pre-tax deductions, such as the Flexible Spending Plan, must continue to have those deductions taken from their paycheck; if there are insufficient funds, the pre-tax deductions will resume once a paycheck with sufficient funds is generated to bring the employee to-date on any missing deductions.
4. Furlough hours will not cause a break in service, nor a reduction in employee's seniority with the City, department, or with the position.
5. Furlough hours will not extend a probationary period or cause a change in the employee's anniversary date/merit date.
6. Sick leave and vacation shall continue to accrue as if the employee had worked their regularly scheduled workdays or shift.

Employees must request the furlough through their supervisor using the appropriate form at least two (2) weeks prior to the first day of the furlough request. The requested furlough days must be approved by the Department Head. The Department Head may accept or reject a request for furlough based on the department's operational needs. Furlough time

off will not be approved retroactively. Approved furlough requests should not be disciplinary in any way.

The Human Resources Department will have administrative authority to update any attached forms to this policy on an as-needed basis.

Attachment:

1. Voluntary Furlough Form



City of Riverside Human Resources Department Voluntary Furlough Request

The City Manager has initiated a Voluntary Furlough Program. Be sure to review the Personnel Policy and Procedure Manual V-7, *Furlough Policy (Voluntary/Unpaid)*.

Name: _____ Employee ID: _____ Position: _____

Type of Furlough Schedule

___ Consistent

Ex: 4/9 (4 days/9 hrs per day) with every Friday off or 9/8 (9 days/8 hrs per day) with every other Monday off

___ Intermittent

Ex:

- April 19, 2019
- April 30, 2019
- May 9, 2019

___ Consecutive*

Ex: May 1, 2019 – May 15, 2019

*Anything over 30 days requires CMO approval

Proposed Schedule Arrangements

Indicate how many days you wish to be on unpaid furlough and your 1st and 2nd choices of schedule arrangements.

First Choice

Second Choice

Have you accumulated more than 42 hours of unused comp. time? ___ Yes ___ No

Will your accrued vacation time exceed that allowed (2 years) by December 31st of this year? ___
Yes ___ No

I have read and understand policy *Furlough Policy (Voluntary/Unpaid)* V-7 and I make this request voluntarily. I also understand that any benefit or payroll deduction that is in effect at the time of

the furlough will be deducted from my paycheck and if my earnings do not cover the deductions, I will be invoiced for the balance.

Employee's Signature: _____ **Date:** _____

Approvals

Supervisor's Comments & Recommendation:

Supervisor's Signature: _____ **Date:** _____

Department Head ____ Approve ____ Deny Signature:

_____ Date: _____

Human Resources ____ Approve ____ Deny Signature:

_____ Date: _____

City Manager Approval (Requests in excess of 30 consecutive days)

____ Accept ____ Reject Signature: _____ Date:
